

## MCO Reporting On PPACA Provider Re-enrollment

This serves as notification that on **July 20, 2016**, HHSC will post an MCO-specific version of the PPACA provider re-enrollment non-compliant file to each MCO's XXXLIB folder on TxMedCentral. The file will be named as follows: Health Plan Prefix\_Plan Code\_YYYYMMDD.xlsx (Example: Aetna\_43\_20160623.xlsx).

Review, analysis, and reporting on this file for specific provider types will be due to HHSC on **August 3, 2016**. Reporting on all remaining providers will be due **August 10, 2016**. Required reports should be posted in each MCO XXXGENL folder. Each MCO will receive one file for each plan code that includes currently non-compliant providers who appeared on the P92 (PCP Network File) and/or P94 (Specialist Network File) submitted as of June 23, 2016. MCOs are expected to provide responses as directed below. Notification of file posting should be sent to Dulce Gutierrez ([dulce.gutierrez@hhsc.state.tx.us](mailto:dulce.gutierrez@hhsc.state.tx.us)).

### UMCM Geo-Mapping

In addition, MCOs must provide a Uniform Managed Care Manual (UMCM) geo-mapping report, and files must follow the naming convention indicated below:

- The report must reflect what your MCO network will look like without providers who have not submitted an application for provider re-enrollment. PLAN CODE\_Geo\_Excluded\_Date (example: 4B\_Geo\_Excluded\_20160715)

MCOs must submit the geo-mapping report by program and service area. The UMCM geo-mapping report by required provider type is listed below (Note: read columns going down, not across):

STAR, STAR+PLUS, and STAR Kids	Children's Medicaid Dental Program and STAR Health Dental	STAR Health	
<b>Uniform Managed Care Manual (UMCM) 5.14.8 for STAR and STAR+PLUS, and 5.14.11 for required member population and corresponding provider network provider type</b>	<b>UMCM 5.14.5 and 5.14.6 for required member population and corresponding provider network provider type</b>	<b>UMCM 5.14.4 for required member population and corresponding provider network provider type</b>	
Primary care provider (PCP): 30 miles	Main dental home: 30 miles	PCP: 30 miles	
Obstetrician/Gynecologist (Ob/Gyn): 75 miles	Main dental home: 75 miles	Allergist/Immunologist: 75 miles	
Orthopedic surgeon: 75 miles	Endodontist: 75 miles	Ob/Gyn: 75 miles	
ENT: 75 miles	Oral surgeon: 75 miles	Orthopedic surgeon: 75 miles	
Outpatient behavioral health (BH): 30 miles	Orthodontist: 75 miles	ENT: 75 miles	

STAR, STAR+PLUS, and STAR Kids	Children's Medicaid Dental Program and STAR Health Dental	STAR Health	
Uniform Managed Care Manual (UMCM) 5.14.8 for STAR and STAR+PLUS, and 5.14.11 for required member population and corresponding provider network provider type	UMCM 5.14.5 and 5.14.6 for required member population and corresponding provider network provider type	UMCM 5.14.4 for required member population and corresponding provider network provider type	
Outpatient BH: 75 miles	Periodontist: 75 miles	Optometrist/ Ophthalmologist: 75 miles	
Acute care hospital: 30 miles	Prosthodontist: 75 miles	Acute care hospital: 30 miles	
Cardiovascular disease specialist: 75 miles		BH Hospital: 75 miles	
General surgeon: 75 miles		Children's Hospital: 75 miles	
Urologist: 75 miles			
Ophthalmologist: 75 miles			
Nursing facility: 75 miles			

MCOs must use the appropriate UMCM chapter geo-mapping reporting template.

- Provider re-enrollment data will be available to MCOs on TxMedCentral on **July 20, 2016**.
- MCOs must report to HHSC on the following provider types no later than COB **August 3, 2016**:
  - PCPs
  - Ob/Gyns
  - Acute Care Hospitals
  - Nursing facilities
  - Physician groups
  - Home health providers
  - Main dental home
- Providers must submit a findings summary and contingency plan for all other provider types no later than **August 10, 2016**.

#### **Finding Summaries and Contingency Plans**

Each MCO is required to submit a findings summary by program and service area (refer to the UMCM Chapter 14).

For each service area and provider type out of compliance, MCOs must submit a contingency plan outlining how they will ensure access to services. The contingency plan must describe how the MCO will ensure continuity of care and access to services, and inform members of changes per [UMCC Sec. 8.1.4.9](#)

[Termination of Provider Contracts, and UCMC Sec. 8.2.1 Continuity of Care and Out-of-Network Providers.](#)

The finding summaries and contingency plans for the providers outlined above are due **by August 3, 2016**, and should be posted to your TexMedCentral general folder using the following naming conventions:

- Date MCO Name Findings Program Service Area (e.g., 20160715 XXX Findings STAR Dallas)
- Date MCO Name Contingency Program Service Area (e.g., 20160715 XXX Contingency STAR Dallas)

**Timeline**

- **July 20, 2016: HHSC will post the files to TexMedCentral**
- **August 3, 2016: MCO reports due**
  - Summary of findings
  - Contingency plan (if out of compliance)
  - Geo-mapping report/excluded providers
    - PCPs
    - Ob/Gyns
    - Acute Care Hospitals
    - Nursing facilities
    - Physician groups
    - Home health providers
    - Main dental home
- **August 10, 2016: MCOs must report to HHSC on all remaining provider types.**
  - Summary of findings
  - Contingency plan (if out of compliance)

All information must be posted to TexMedCentral using the general folder (e.g., XXXGENL). If you have question, please contact Amanda Hudgens at [Amanda.hudgens@hhsc.state.tx.us](mailto:Amanda.hudgens@hhsc.state.tx.us) and Dulce Gutierrez at [Dulce.gutierrez@hhsc.state.tx.us](mailto:Dulce.gutierrez@hhsc.state.tx.us) with a copy to your health plan management team.